

Problem Solving in RTI

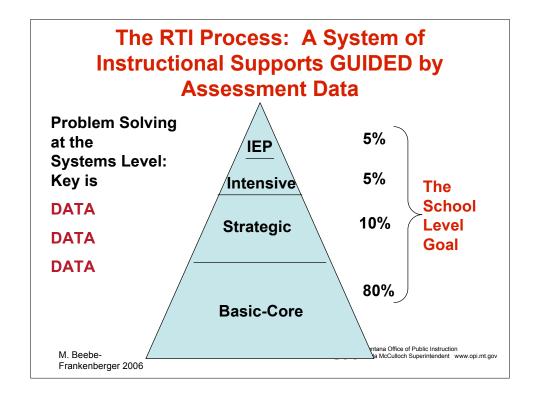
- Systems Level: Identify areas of need
 - Core curriculum and evidence-based interventions for specific skill deficits
 - · Data management systems
 - · Professional development
- · Student level: Identify student need
 - Students in need of supports in addition to the core curriculum in reading, math, social skills
 - · Students in need of further evaluation
 - · Monitoring of progress
 - Students who progress and can be EXITED from extra supports.

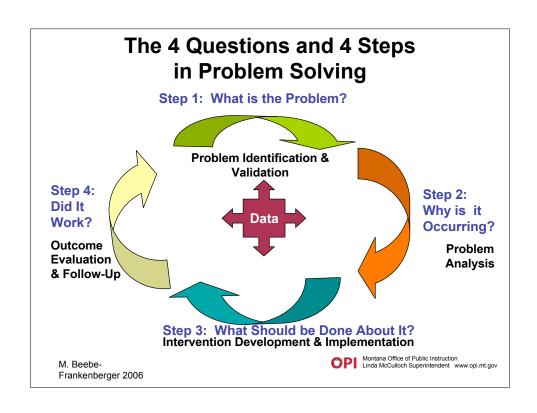
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Problem Solving Consultation Model

- · Uses scientific method
- · Data feedback loop
- Data-based decision making
 - Eliminates bias
 - Takes subjectivity out of decisions
- · Can be applied:
 - System vs. individual level
 - Regardless of "presenting problem"

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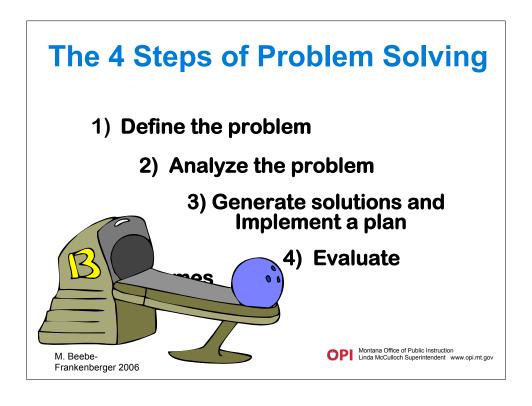


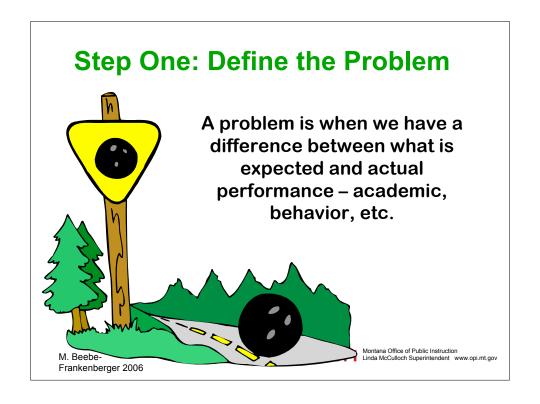




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- ✓ Systematically Defines
 Levels of Need within a
 School: primary, secondary,
 and tertiary
- ✓ Addresses Academic and Behavioral Problems
- ✓ Utilizes Research Based Methods to Deliver Evidence-Based Interventions

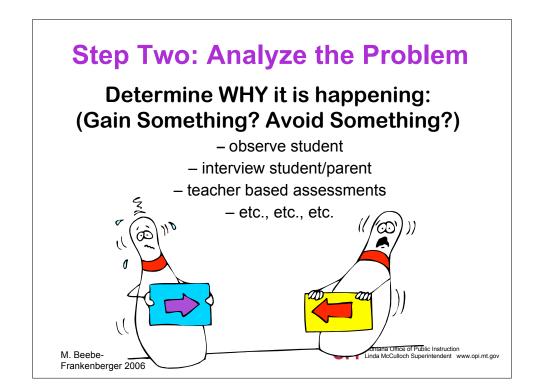




Step 1: What is the Problem?Problem Identification & Validation

- Expectation versus current performance
 Identify & validate the "discrepancy"
- Select appropriate measurement -
 - define "problem" in terms that are
 - objective
 - observable
 - measurable
 - Measurement precision pivotal to progress monitoring, goal setting, and outcome

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Step 2: Why is it Occurring? Problem Analysis

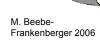
- "In this stage of the process instead of measuring student performance to find disabilities, our purpose is to diagnose the conditions under which students' learning is enabled" (Tilly, 2002)
- Is problem a skill or performance problem "can't do vs. won't do"
- Gather information on why problem exists
 - · Multimethod, multi-informant
 - Understand under what conditions the problem exists (patterns, factors, etc.)
 - Focus on what can be changed to enable learning and reduce discrepancy between performance and expectation
- Make hypotheses about "why" (function) based on your findings

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5 Reasons for Academic Deficits

- They do not want to do the task.
- 2. They have not spent enough time doing the task.
- 3. They have not had enough help to do the task.
- 4. They have not had to do the task that way before.
- 5. The task is too difficult

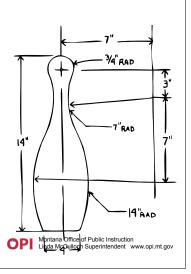
(Daly, Witt, Martens, & Dool, 1997 p. 556

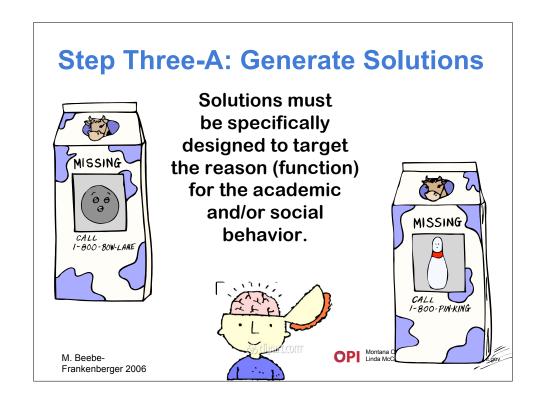




5 Reasons for Behavior

- Social attention/communication (possible social reinforcement)
- 2. Access to tangibles or preferred activities (material or activity reinforcement)
- 3. Escape, delay, reduction, or avoidance of aversive tasks or activities (negative reinforcement)
- Escape or avoidance of other individuals (negative social reinforcement)
- **5. Internal stimulation** (automatic or sensory reinforcement)





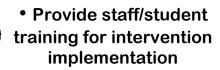
Shapiro, 2000

Table 1 Keystones to Building Competence and Resilience

	Social	Academic
Attachment	Key interpersonal relationships	Extended support system for school performance (family, peer,
	Solid foundation of trust	key persons)
Academic Achievement	Success in academics	Early skill development in academic foundations (phonemic
	Cognitive capacity	awareness, number sense)
		Cognitive capacity
		Academic self-efficacy
Self-Regulation	Control of emotion	Self-regulated learning processes
	Control of attention	Early skill development in academic foundations (phonemic
	Self-efficacy	awareness, number sense)

Step Three-B: Implement the Plan

• Develop a written plan outlining roles/responsibilities



• Design an observation schedule to monitor/assist intervention

Treatment Integrity

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Intervention Implementation

 Model the use of the intervention for teacher and student

 Set up a system to follow-up on intervention successes and failures

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Step 3-A&B: What Should Be Done About It?

Intervention Development and Implementation

- Intervention based upon Step 2 hypotheses "why"
- Select intervention strategies based upon:
 - · Functional relevance to the problem
 - · Contextual fit
 - · Likelihood of success (measure acceptability)
 - · Evidence-based methods/interventions
- Team Brainstorming!.....CRITICAL
- Decide upon intervention and clarify intervention steps, roles, responsibilities
- Decide upon progress monitoring & outcome evaluation techniques
- Establish timelines for meeting benchmarks & goals
- Measure treatment integrity (is the intervention being implemented as planned?...are there modifications?)

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Progress Monitoring is Key to Success



- Monitoring changes in the replacement skill provides:
 - (a) accountability by documenting progress
 - (b) flexibility to modify intervention components
 - (c) motivation to continue until goals are achieved.
- The value of the assessment process is its capacity to inform, foster, and document program or intervention effectiveness (Reschly & Grimes, 1995; Witt & Gresham, 1985)

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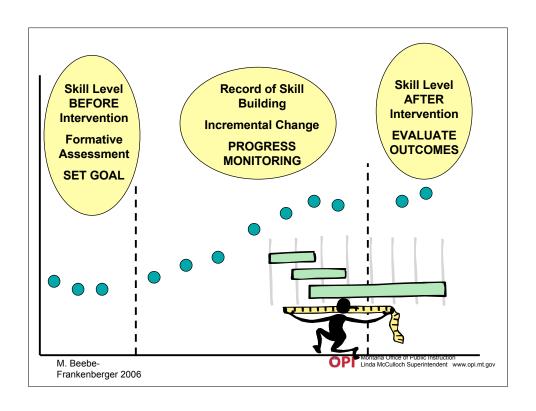
Progress Monitoring

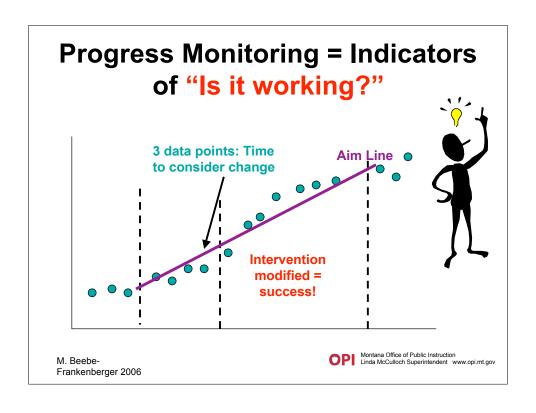
• Establish a Goal based on intensity of intervention: long-range "aim"?

What is the

- Determine which progress monitoring tools make sense based on the problem identified What is most indicative of change?
- Assign progress monitoring and review to person who has easiest access
- Chart progress
- Establish a review date, call a meeting earlier if needed.





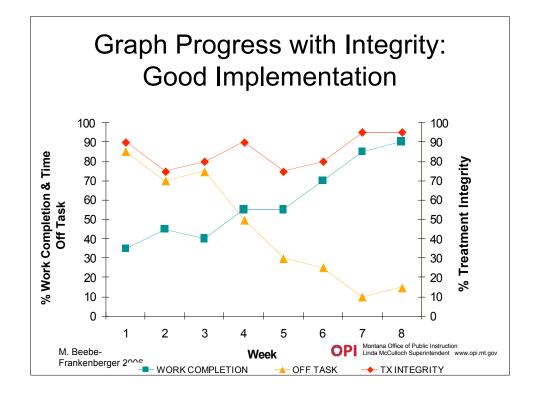


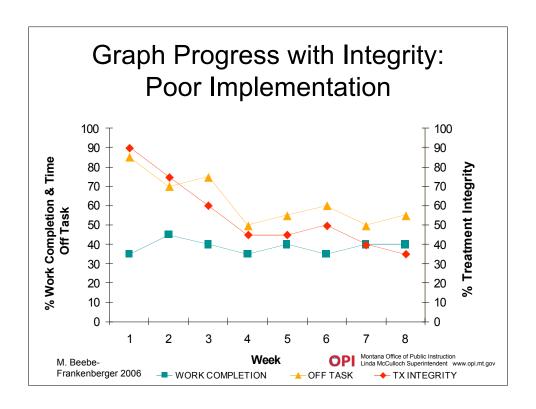
Sticking to the Plan: Treatment Integrity



- <u>Definition:</u> The degree to which intervention procedures are implemented as intended
- Failure to implement with integrity threatens internal and external validity of treatment
- Treatment integrity is often assumed, rather than assessed
- Outcomes cannot be attributed to the intervention unles one measures the extent to which the intervention plan was implemented

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Step Four: Evaluate Outcomes

- Assess goal attainment outcome at end of intervention as indicated by
 - Formative assessment; progress monitoring data
 - Summative assessment
 - Generalization and maintenance
 - Collateral effects
 - Extent of treatment integrity
- Assess social validity
 - Student
 - Parent(s)
 - Teachers
 - Other intervention consumers

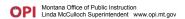




Step 4: Did It Work?

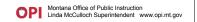
- Intervention Evaluation and Follow-Up
 - Was problem (discrepancy) resolved?
 - Gather objective evidence (data)
 - · Performance levels
 - Treatment integrity
 - · Acceptability
 - Social validity
 - Post intervention follow-up
 - Did the performance level maintain?
 - Sustained skills = habilitative validity

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Treatment Integrity: Addresses Specific Questions about Intervention

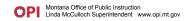
- Was the intervention implemented as planned?
- Did changes to intervention impact outcomes?
- Which components influenced outcomes?



Treatment Integrity Part of Outcome Evaluation

- If behavior changes do not result after a given intervention, and integrity was not monitored, it is difficult to determine
 - if failure was due to an ineffective treatment.
 - If failure was due to an effective treatment plan that was implemented with poor integrity.
- Medical Model:
 - Did you take the medicine, do the exercises, as prescribed??

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Finding Tools to Measure Academic Proficiency/Progress

- DIBELS for elementary reading
- CBM reading, math, spelling, written expression
- •Intervention.Central.org: cbm generator
- •Aimsweb CBM & DIBELS probes



What About Behavior Monitoring Tools?

- © BOSS (Academic Engaged Time)
- © Permanent products
- Work Completion (Percent)
- © Behavioral Observation
- © Frequency of Disruptive Behaviors or Prosocial Behaviors
- Duration of Target Behaviors
- © Latency (How Long until...)

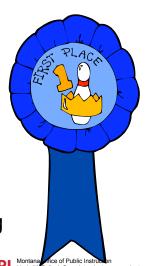
Remember: What's the most practical course to go???

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Making Problem Solving Teams Work

- ✓ Leadership: Time and Perception
- √Staff Assignments
- ✓ Training
- ✓Intervention Implementation Assistance
- ✓Intervention Integration
- ✓ Data Based Decision Making
- √ Structured Meeting Process



Building a Site Interventions Library Not Everything Costs Money! U of M and other resources! Survey Your Building: Resources/Materials Expertise Volunteers Finding/Developing Progress Monitoring Tools Talk with others Using the Model Be Flexible in Defining Role Share Responsibility M. Beebe-Frankenberger 2006

Remembering the Basics ■ Maintain confidentiality. ☐ Hold meetings in a timely manner (within two weeks of referral) ■ Display agenda during meeting ☐ Set clear time limits. ■ Be responsive to staff and student needs. Proficiently access and use auxiliary personnel and other appropriate resources. □ Have members that represent a variety of experience and expertise: knowledge of classroom management, curriculum and instruction, and student motivation. ■ Be assets to the building principal. Continue to stretch and grow. M Beebe-Frankenberger 2006

Great Teams

- •Have experience & expertise
- Have knowledge about curriculum & classroom management
- Represent diverse groups & grade levels



Team Roles



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- Facilitator
- Case Manager
- Time keeper
 - Recorder
- Selected team members

Expertise in:

- curriculum
- classroom management medical/health

 - behaviorspecial education
- Referring teacher
 - Grade Level Representatives

Before the Problem Solving **Team Referral**

Parent consultation



- previous teacher, staff working with student, etc.

Review CUM records:

– prior SAT's

support services (Title I, Speech, etc.) discipline history

- report cards

Complete Problem Solving Team Referral

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Problem Solving Team Meeting

- Include the caregiver
- Adhere to agenda/role responsibilities



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- · Define area of concern
 - Develop strategies & interventions
- Define responsibilities school, parent, teacher, student
- Schedule follow-up meeting (6-10 weeks)